

### TONSILLECTOMY COMPLICATED BY POST-DIPHTHERITIC PARESIS.\*

By J. J. KINGWELL, M. D., San Francisco.

Master C., 7 years old, was brought to me by his mother to have his tonsils removed. A week before this visit he had an attack of sore throat which was supposed by the mother to be tonsillitis, and was treated with home remedies. The tonsils were large, and the pillars hyperemic; otherwise the appearance of the throat was normal. As the mother gave a history of repeated attacks of sore throat, I performed a double tonsillectomy on the boy a week after his first visit. The operation went well, and no complications were noted; the tonsils were removed in their capsules, and the child went on to perfect recovery.

Nine days after the operation the patient began to regurgitate food through the nose, and the speech was impaired. Examination showed a paresis of the soft palate. The child was placed on strychnine, and is on the road to recovery.

This was evidently a paresis due to a streptococcic or diphtheritic infection which the boy had two weeks before the operation, and the tonsillectomy can in no way be blamed for it. A swab taken when the child was last seen proved negative.

### LATE RESULT IN A CASE OF TRAUMATIC EPILEPSY.\*

By ALFRED NEWMAN, M. D., San Francisco.

Walter Brown, operated Dec. 23rd, 1901, when 11 years of age, originally for depressed fracture of skull. Depressed bone removed. Dura opened, suspecting hemorrhage. Brain prune colored. Site of fracture the left parietal eminence.

Discharged Jan. 26th, 1902. Well except for hole in skull. Remained well for two years, when suddenly got convulsions. Mother says began on side opposite head injury. Have never seen patient in fits myself.

Von Bergman says that prognosis in these cases is inversely to time of appearance of fits after injury. However, as there are no hard and fast rules in treatment of disease, I determined to operate for the epilepsy.

Operation Jan. 30th, 1904, Mt. Zion Hospital. The scalp, dura and brain were all adherent. In separating dura the brain was considerably lacerated. As the dura was simply scar tissue it was trimmed off round to the normal membrane. This defect I covered with oil silk. The bone defect was covered with a perforated silver plate. Skin closed over all with silkworm gut drainage.

Wound healed well. Drain removed 3rd day, but the cerebral fluid collected under scalp and I foolishly reinserted the drain and as result got the wound infected. To make a long story short I had to remove plate and oil silk and the boy's convulsions continued with renewed force.

Despite large doses of bromide, 30 gr. t.i.d., the attacks continued until Feb., 1906, when I determined to put in another plate, a celluloid one this time.

Accordingly in the latter part of Feb. (17th), 1906, I inserted a celluloid plate 1-32 inch thick beneath the scalp, which as previously was adherent to brain, but the scar tissue that had reformed in the place of the dura was so massive and involved the brain to such an extent that I did not try to dissect it off. All I did then was to cover the bone defect after having separated the scalp. Closed the wound without drainage and let it remain closed despite enormous swelling from accumulation of cerebral fluid.

\* Demonstrated before Eye, Ear, Nose and Throat Section of the San Francisco County Medical Society, Feb. 27, 1912.

\* Read before the Section on Surgery of the San Francisco County Medical Society, March 26th, 1912.

Patient made good recovery and left hospital in 4 weeks. For the next two years patient had fit after fit of the worst description ending up in a grand attack that lasted two days and one night in Dec., 1908.

Then for the next two years and three months has been entirely free from attacks. When on Mar. 12th, 1911, on a hot day while riding on the train he had an attack of petit mal lasting two or three seconds. (Suddenly stopped talking and stared straight ahead.) I must not forget to add that the mother of patient has looked after state of his bowels most carefully and that instead of bromides he has been getting Epsom salts.

To recapitulate—operated in Dec., 1901, for depressed fracture of skull; operated Jan., 1904, for resulting epilepsy. Fracture plate came out. Re-operated Feb. 17th, 1906, celluloid plate inserted. Success—but large amount of scar tissue left on brain. Then two years of repeated severe fits, ending up in a grand convulsion lasting 36 hours. Then absolute freedom from attacks till the present time, with exception of the one attack of petit mal. The only medicine taken during this time being mag. sulph. for bowels. Whether he remains cured or not time alone will tell.

The case is interesting, showing a surprisingly favorable result after an operation which scarcely warranted any hope of amelioration, to say nothing of cure. How to explain it is at present impossible.

In conclusion I shall say that if I had to do another operation of this sort I should repair the dura with a flap of fascia lata and close the bone defect with a bone periosteum graft taken from the skull.

### GIBBONS MEMORIAL.

To the Friends and Former Patients of Dr. Henry Gibbons, Jr.:

The Faculty and Alumni of Cooper Medical College have undertaken to establish a fitting memorial to the late Dr. Henry Gibbons, Jr. Dr. Gibbons was a man preeminent in his profession and a highly respected and public-spirited citizen. He served the City and County of San Francisco twice with distinction, on the Board of Health and on the Board of Education respectively. He devoted his life to the furtherance of Medical teaching, being Dean of Cooper Medical College for forty years. His great skill as a specialist in Obstetrics and Gynecology and his kindly personality are well remembered. He was a great student and teacher and it has seemed to those who were more intimately connected with him, that his memory would be best perpetuated by the endowment of a special library on Obstetrics and Gynecology in the Lane Library which was founded by his intimate friend and life-long collaborator Dr. Levi Cooper Lane, the founder of Cooper Medical College.

A special library on Ophthalmology and Otology in the Lane Library, similar to the one which is now proposed for Dr. Gibbons, has already been endowed by Dr. Adolph Barkan.

A fund of over \$1,000 has been collected for the Gibbons Memorial and it is hoped that his many friends and former patients will take advantage of this opportunity of bearing testimony to the high regard in which they hold his memory and will make substantial addition to this memorial to the most unselfish of men.

It is proposed to raise \$10,000.

Please send all remittances to Dr. Geo. B. Somers, Treasurer, Lane Hospital, Clay and Webster Sts., San Francisco.

For the Faculty of Cooper Medical College.

W. OPHULS, Vice-President.  
GEO. B. SOMERS, Dean.